



Pre Application Form

I. Personal Data

1. Name
2. Date of birth
3. Residential Address
4. Estimated time of stay *:
 - temporary stay of..... to
 - permanent residence
5. Type of room required *:
 - single
 - double
 - triple

II. The actual caregiver or legal representative

- Name
- Residential address
- Contact phone number.....
- E-mailaddress
-
- Name
- Residential address
- Contact phone number
- E-mailaddress

III. Additional Information

1. The degree of independence:
 - can take care of own physiological needs
 - caregiver needed to help with the physiological needs
 - wears diapers
 - wears catheter

2. Food

- can eat independently
- needs help with eating

3. Dressing

- can dress independently
- requires assistance with dressing

IV. State of health-illnesses, diet, please specify:

.....
.....
.....

I certify that the information I have given is accurate.

Date

Signature

*** Please select one choice**

Acting pursuant to Art.23 Paragraph 1 point 1 of the Act of August 29, 1997 on the protection of personal data, I declare that I consent to the processing by Company Dom Seniora Nowicka, Ojster sp.j. of personal data in connection with the application for admission to Dom Seniora Zloty Wiek. The Data Controller will only company Dom Seniora Nowicka, Ojster sp.j., which will use them solely for the purposes related to the application by the applicant for admission to the House and the implementation of procedures for the adoption. Applicants have the right of access to the data and correct. Giving the applicant's data is voluntary.